

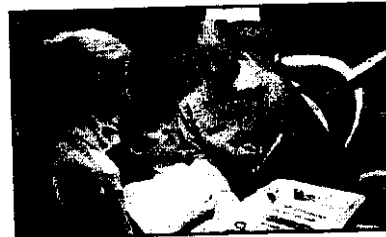
APPENDIX A
ANNOTATED QUESTIONNAIRE

RCS: DD-HA(A) 1942
Expires: 10/14/01

1998 Health Care Survey of DoD Beneficiaries

Rec'd.
10/28/98
FINAL

FORM A



UHC Survey No. 98-0012

UNITED HEALTHCARE
SURVEY PROCESSING ACTIVITY
c/o DATA RECOGNITION CORPORATION
5900 BAKER ROAD
MINNETONKA, MN 55345-5967

DO NOT WRITE IN THIS AREA



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Privacy Notice

According to the Privacy Act of 1974 (Public Law 93-579), the Department of Defense is required to inform you of the purposes and use of this survey. Please read it carefully.

Authority: 10 U.S.C., Chapter 55, Public Law 102-484; E.O. 9397

Purpose: This survey helps policy makers gauge beneficiary satisfaction with the current military health care system and provides valuable input from beneficiaries that will be used to improve the system.

Routine Uses: None

Disclosure: Voluntary. Failure to respond will not result in any penalty to the respondent. However, maximum participation is encouraged so that data will be as complete and representative as possible.

INSTRUCTIONS FOR COMPLETING THE SURVEY

- Please use a No. 2 pencil.



- Make heavy black marks that fill the circle for your answer.
- Please do not make stray marks of any kind.

INCORRECT MARKS



CORRECT MARK



- Unless otherwise specified in the instructions for a question, only one answer should be marked.

Example:

How long has this child lived in his or her current local area?

- ☒ Less than 6 months
- ☐ 6-12 months
- ☐ 1-3 years
- ☐ More than 3 years

If your answer is "Less than 6 months," then mark just one circle as shown above.

- Sometimes you will be asked to enter a number in a row of boxes. When this occurs, you should write the requested information in the row of boxes and blacken the corresponding circles under the numbers you wrote.

Example:

- What age were you on your last birthday?
- Write the numbers in the boxes, making sure that the last number is always placed in the right-hand box.
- Fill in the unused boxes with zeros.
- Then, mark the matching circle below each box.

Age

2	6
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input checked="" type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input checked="" type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9

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Instructions

The purpose of this survey is to provide TRICARE managers with the feedback necessary for monitoring the implementation and operations of TRICARE and for improving TRICARE performance in the future. Please return the completed questionnaire in the enclosed postage-paid envelope within two weeks of the date of the enclosed cover letter.

Eligibility for the Survey

A. This survey is about the health care of the person addressed in the cover letter. The questionnaire should normally be completed by that person, but may be completed by someone else under special circumstances.

For the name that appears on the cover letter, please determine if **all the following** statements are true:

1. The addressee was eligible for a military health system (MHS) health plan on July 1, 1998. MHS health plans include TRICARE Prime, TRICARE Extra, TRICARE Standard (CHAMPUS), TRICARE Senior Prime, and space-available care at military treatment facilities for persons over age 65. By eligibility we mean that you received health care from one of these plans, or that you could have received health care from one of these plans, even if you did not.
2. The addressee is not permanently incapacitated such that completing the questionnaire would be difficult or impossible.
3. The addressee is not incarcerated.

Is the addressee eligible to complete the survey?

H98ELGA

- 1 ☐ Yes, all 3 conditions are true and I am the addressee ⇒ Go to Question 1 on Page 6
- 2 ☐ Yes, all 3 conditions are true but I am not the addressee ⇒ Go to B
- 3 ☐ No ⇒ Go to Question 119 on Page 23

B. If you are not the addressee of the cover letter, you may complete the questionnaire on behalf of an eligible addressee if **all the following** statements are true:

1. The addressee is eligible to complete the questionnaire;
2. The addressee is temporarily ill or incapacitated because of health problems; and
3. You are familiar with the experiences and opinions of the addressee regarding his or her health care over the last 12 months.

Are these statements true?

- 1 ☐ Yes, all the statements are true ⇒ Go to Question 1 on Page 6
- 2 ☐ No, please arrange for the addressee to complete the questionnaire

H98ELGB

I: Use of Health Care

This section refers to all the health care you received in the last 12 months, including all the plans, facilities, and providers you may have used over that 12 months period.

1. In the last 12 months, did you yourself receive any health care at a health care facility or from a health care professional?

H98001

- 1 ☐ Yes
2 ☐ No ⇒ Go to Section II

H98001_R See Note 4

2. In the last 12 months, did you stay overnight in a military health care facility as a patient?

(Military facilities include military hospitals and clinics (including sick call), PRIMUS clinics, and NAVCARE clinics.)

H98002

- 1 ☐ Yes
2 ☐ No ⇒ Go to Question 4
3 ☐ Not sure ⇒ Go to Question 4

H98002_R See Note 5

3. In the last 12 months, how many nights did you stay overnight in a military health care facility as a patient?

H98003

(If more than 99 nights, mark "99")

Nights

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

← Write the number in the boxes.

← Then, mark the matching circle below each box.

H98003_R

4. In the last 12 months, did you stay overnight in a civilian health care facility as a patient?

(Civilian facilities include civilian hospitals or clinics, facilities operated by a civilian TRICARE contractor, Uniformed Services Treatment Facilities (USTFs), and Veteran's Affairs hospitals or clinics.)

H98004

- 1 ☐ Yes
2 ☐ No ⇒ Go to Question 6
3 ☐ Not sure ⇒ Go to Question 6

H98004_R See Note 6

5. In the last 12 months, how many nights did you stay overnight in each type of civilian health care facility as a patient?

a. Civilian facility primarily paid by a TRICARE plan

(Include visits for which you paid because of your TRICARE plan's deductible.)

H98005A

(If more than 99 nights, mark "99")

Nights

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

← Write the number in the boxes.

← Then, mark the matching circle below each box.

H98005AR

b. Civilian facility primarily paid by private payment, Medicare, or Medicaid

H98005B

(If more than 99 nights, mark "99")

Nights

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

← Write the number in the boxes.

← Then, mark the matching circle below each box.

H98005BR

6. In the last 12 months, did you make any outpatient visits to a military health care professional or health care facility?

(By outpatient visits we mean all visits to a health care professional as a patient that did not involve staying overnight in a facility. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.)

H98006

- 1 ☐ Yes
2 ☐ No ⇒ Go to Question 8
3 ☐ Not sure ⇒ Go to Question 8

H98006_R See Note 7



Rec'd. 10/24/98

7. In the last 12 months, how many outpatient visits did you make to a military health professional or health care facility?

(If more than 99 visits, mark "99")

Visits

Write the number in the boxes.

Then, mark the matching circle below each box.

H98007

H98007_R

8. In the last 12 months, did you make any outpatient visits to a civilian health care professional or health care facility?

- 1 ☐ Yes
2 ☐ No ⇒ Go to Question 10
3 ☐ Not sure ⇒ Go to Question 10

H98008_R See Note 8

9. In the last 12 months, how many outpatient visits did you make to a civilian health professional or health care facility?

- a. Civilian doctor or facility primarily paid by a TRICARE plan

(Include visits for which you paid because of your TRICARE plan's deductible.)

(If more than 99 visits, mark "99")

Visits

Write the number in the boxes.

Then, mark the matching circle below each box.

H98009A

H98009AR

- b. Civilian doctor or facility primarily paid by private payment, Medicare, or Medicaid

(If more than 99 visits, mark "99")

Visits

Write the number in the boxes.

Then, mark the matching circle below each box.

H98009B

H98009BR

10. In the last 12 months, did you go to a military emergency room for your own care?

- 1 ☐ Yes
2 ☐ No ⇒ Go to Question 12
3 ☐ Not sure ⇒ Go to Question 12

H98010_R See Note 9

11. In the last 12 months, how many times did you go to a military emergency room to get care for yourself?

(If more than 99 times, mark "99")

Times

Write the number in the boxes.

Then, mark the matching circle below each box.

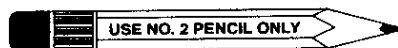
H98011

H98011_R

12. In the last 12 months, did you go to a civilian emergency room to get care for yourself?

- 1 ☐ Yes
2 ☐ No ⇒ Go to Question 14
3 ☐ Not sure ⇒ Go to Question 14

H98012_R See Note 10



13. In the last 12 months, how many times did you go to a civilian emergency room for your own care?

a. Civilian emergency room primarily paid by a TRICARE plan

(Include visits for which you paid because of your TRICARE plan's deductible.)

(If more than 99 times, mark "99")

Times	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

← Write the number in the boxes.

← Then, mark the matching circle below each box.

H98013A

H98013AR

b. Civilian emergency room primarily paid by private payment, Medicare, or Medicaid

(If more than 99 times, mark "99")

Times	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

← Write the number in the boxes.

← Then, mark the matching circle below each box.

H98013B

H98013BR

14. In the last 12 months, how many prescriptions did you have that were written by a civilian provider but were filled with a military pharmacy? Please include refills.

- 2 ☐ 1 to 6 prescriptions and/or refills
 3 ☐ 7 to 12 prescriptions and/or refills
 4 ☐ More than 12 prescriptions and/or refills
 1 ☐ No prescriptions or refills

H98014

II: Preventive Health Care

15. When did you last visit a doctor or nurse for any reason?

(Do not include visits to a dentist.)

H98015

- 5 ☐ Less than 12 months ago
 4 ☐ 1 to 2 years ago
 3 ☐ More than 2 but less than 5 years ago
 2 ☐ 5 or more years ago
 1 ☐ Never had a visit to a doctor

16. Not counting when you were sick or pregnant, when was the last time you had a general medical or physical examination or checkup?

H98016

- 5 ☐ Less than 12 months ago
 4 ☐ 1 to 2 years ago
 3 ☐ More than 2 but less than 5 years ago
 2 ☐ 5 or more years ago
 1 ☐ Never had a general physical or checkup

17. a. When did you last have a blood pressure reading?

H98017A

- 5 ☐ Less than 12 months ago
 4 ☐ 1 to 2 years ago
 3 ☐ More than 2 but less than 5 years ago
 2 ☐ 5 or more years ago
 1 ☐ Never had a blood pressure reading

- b. Do you know if your blood pressure is too high or not?

H98017B

- 1 ☐ Yes, it is too high.
 2 ☐ No, it is not too high.
 3 ☐ Don't know.

18. When did you last have a cholesterol screening, that is, a test to determine the level of cholesterol in your blood?

H98018

- 5 ☐ Less than 12 months ago
 4 ☐ 1 to 2 years ago
 3 ☐ More than 2 but less than 5 years ago
 2 ☐ 5 or more years ago
 1 ☐ Never had a cholesterol screening

19. When did you last have a flu shot?

H98019

- 5 ☐ Less than 12 months ago
 4 ☐ 1 to 2 years ago
 3 ☐ More than 2 but less than 5 years ago
 2 ☐ 5 or more years ago
 1 ☐ Never had a flu shot

20. When was the last time you had a general dental examination or checkup?

- 5 ☐ Less than 12 months ago
4 ☐ 1 to 2 years ago
3 ☐ More than 2 but less than 5 years ago
2 ☐ 5 or more years ago
1 ☐ Never had a dental checkup

H98020

21. Have you smoked at least 100 cigarettes in your entire life?

- 1 ☐ Yes
2 ☐ No ⇒ Go to Question 25
3 ☐ Don't know ⇒ Go to Question 25

H98021

H98021_R See Note 11

22. Do you now smoke every day, some days or not at all?

- 4 ☐ Every day ⇒ Go to Question 24
3 ☐ Some days ⇒ Go to Question 24
2 ☐ Not at all
1 ☐ Don't know ⇒ Go to Question 25

H98022

H98022_R

23. How long has it been since you quit smoking cigarettes?

- 3 ☐ Within the last 12 months
2 ☐ 12 months or more ⇒ Go to Question 25
1 ☐ Don't know ⇒ Go to Question 25

H98023

H98023_R

24. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

- 1 ☐ None
2 ☐ 1 visit
3 ☐ 2 to 4 visits
4 ☐ 5 to 9 visits
5 ☐ 10 or more visits

H98024

H98024_R

25. In the last 12 months, have you used chewing tobacco, snuff, or other smokeless tobacco?

- 1 ☐ Yes
2 ☐ No

H98025

26. Are you male or female?

- 1 ☐ Male
2 ☐ Female ⇒ Go to Question 28

SRSEX

XSEXA See Note 12 Part A

27. When was the last time you had a prostate gland examination or blood test for prostate disease?

- 5 ☐ Within the last 12 months
4 ☐ 1 to 2 years ago
3 ☐ More than 2 but less than 5 years ago
2 ☐ 5 or more years ago
1 ☐ Never had a prostate gland examination

H98027

Go to Section III

H98027_R See Note 12 Part B

28. When did you last have a routine female examination with a Pap smear?

- 5 ☐ Within the last 12 months
4 ☐ 1 to 3 years ago
3 ☐ More than 3 but less than 5 years ago
2 ☐ 5 or more years ago
1 ☐ Never had a routine female exam with Pap smear

H98028

H98028_R See Note 12 Part C

29. a. Are you under age 40?

- 1 ☐ Yes ⇒ Go to Question 30
2 ☐ No ⇒ Go to Question 29b

H98029A

H98029AR See Note 13

b. When was the last time your breasts were checked by mammography or other x-ray like procedure?

- 5 ☐ Within the last 12 months
4 ☐ 1 to 2 years ago
3 ☐ More than 2 but less than 5 years ago
2 ☐ 5 or more years ago
1 ☐ Never had a mammogram

H98029B

H98029BR See Note 13

c. When was the last time your breasts were checked by clinical exam?

- 5 ☐ Within the last 12 months
4 ☐ 1 to 2 years ago
3 ☐ More than 2 but less than 5 years ago
2 ☐ 5 or more years ago
1 ☐ Never had a breast clinical exam

H98029C

H98029CR See Note 13

30. Have you been pregnant in the last 12 months or are you pregnant now?

- 1 ☐ Yes, I am pregnant now or have been pregnant in the last 12 months
2 ☐ No ⇒ Go to Section III

H98030

H98030_R See Note 14



31. When during your pregnancy did you first begin receiving care from a doctor or other health care professional?

H98031

- 7 ☐ During first 3 months
 6 ☐ During second 3 months
 5 ☐ During final 3 months
 1 ☐ I did not receive any care before I delivered
 4 ☐ I did not receive any care yet. I am now less than 3 months pregnant.
 3 ☐ I did not receive any care yet. I am now between 3 and 6 months pregnant.
 2 ☐ I did not receive any care yet. I am now more than 6 months pregnant.

H98031_R

III: Understanding TRICARE

By TRICARE, we mean the military health system (MHS), including TRICARE Prime, TRICARE Senior Prime, TRICARE Extra, and TRICARE Standard (CHAMPUS).

32. How well do you feel you understand TRICARE overall?

H98032

- 4 ☐ I understand very well
 3 ☐ I understand somewhat
 2 ☐ I understand a little
 1 ☐ I have no understanding

33. How well do you feel you understand the following aspects of TRICARE Prime, TRICARE Senior Prime, and TRICARE Extra/Standard?

H98033A - H98033J

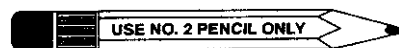
	I Understand Very Well	I Understand Somewhat	I Understand A Little	I Have No Understanding
a. The benefits offered under TRICARE Prime/TRICARE Senior Prime	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
b. The benefits offered under TRICARE Extra/Standard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The costs to me of TRICARE Prime/TRICARE Senior Prime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The costs to me of TRICARE Extra/Standard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The amount of choice I have in selecting my primary care physician under TRICARE Prime/TRICARE Senior Prime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. The amount of choice I have in selecting my primary care physician under TRICARE Extra/Standard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The amount of choice I have to use civilian health care providers under TRICARE Prime/TRICARE Senior Prime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. The amount of choice I have to use civilian health care providers under TRICARE Extra/Standard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Procedures for making an appointment under TRICARE Prime/TRICARE Senior Prime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Procedures for making an appointment under TRICARE Extra/Standard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. What are the sources of your information about TRICARE? MARK ALL THAT APPLY.

H98034A - H98034L

- A ☐ A presentation about TRICARE
 B ☐ An information package mailed to my home
 C ☐ A military doctor or other health care professional
 D ☐ A civilian doctor or other health care professional
 E ☐ The TRICARE information telephone number
 F ☐ The base newspaper
 G ☐ My city, town or regional newspaper
 H ☐ My friends and neighbors
 I ☐ My local military treatment facility
 J ☐ A radio or TV commercial
 K ☐ An Internet web site
 L ☐ Some other source

1=Marked 2=Unmarked



IV: Health Plan

35. Are you active duty?

H98035

- 1 ☐ Yes ⇒ Go to Question 41
2 ☐ No

H98035_R See Note 15

36. Are you currently enrolled in TRICARE Prime or TRICARE Senior Prime? MARK ONLY ONE ITEM.

- 1 ☐ Yes
2 ☐ No ⇒ Go to Question 39
3 ☐ Not sure ⇒ Go to Question 40

H98036

H98036_R See Note 16

37. If you are currently enrolled in TRICARE Prime, how likely are you to disenroll in TRICARE Prime for a different type of insurance coverage in the next 12 months?

H98037

- 1 ☐ Very unlikely
2 ☐ Unlikely
3 ☐ Neither likely nor unlikely
4 ☐ Likely
5 ☐ Very likely
6 ☐ I don't know

H98037_R

38. As a member of TRICARE Prime, did you have a primary care manager based in a military or civilian facility?

H98038

(A primary care manager is a health care provider who is your primary point of contact with the health system. He or she provides routine care, coordinates your total health care, arranges for hospital admissions, makes referrals to specialists, maintains health records, and recommends preventive and wellness services.)

- 1 ☐ A primary care manager based at a military facility
2 ☐ A primary care manager based at a civilian facility
3 ☐ Not sure

H98038_R

39. If you are not currently enrolled in TRICARE Prime, how likely are you to enroll in TRICARE Prime in the next 12 months?

H98039

- 1 ☐ Very unlikely
2 ☐ Unlikely
3 ☐ Neither likely nor unlikely
4 ☐ Likely
5 ☐ Very likely
6 ☐ Not sure

H98039_R

40. In your use of TRICARE Extra/Standard in the last 12 months, when you visited a health care provider, did you usually use a provider that was in the TRICARE Extra network?

H98040

- 1 ☐ Yes
2 ☐ No
3 ☐ Not sure
4 ☐ Did not use TRICARE Extra/Standard in the last 12 months

H98040_R

41. How strongly do you agree or disagree with the following statements about TRICARE Prime or TRICARE Senior Prime?

H98041A- H98041E

- A a. TRICARE Prime or TRICARE Senior Prime improves access to care.
B b. TRICARE Prime or TRICARE Senior Prime improves preventive care.
C c. TRICARE Prime or TRICARE Senior Prime makes it harder to see a specialist.
D d. TRICARE Prime or TRICARE Senior Prime makes it easier to get phone advice.
E e. TRICARE Prime or TRICARE Senior Prime saves money on health care.

Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. Whether or not you are currently enrolled in TRICARE Prime, did you rely on TRICARE Prime for most of your care in the last 12 months? MARK ONLY ONE ITEM.

- 1 ☐ Yes
2 ☐ No
3 ☐ Not sure ⇒ Go to Question 44

H98042

H98042_R See Note 17

43. How many months out of the last 12 months were you covered by TRICARE Prime?

H98043

(If more than 99 months, mark "99")

Months

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

← Write the number in the boxes.

← Then, mark the matching circle below each box.

H98043_R

44. Are you currently covered by any type of supplemental insurance?

(Primary insurers include TRICARE Prime, TRICARE Senior Prime, TRICARE Extra/Standard (CHAMPUS), and Medicare. Supplemental insurance covers all of your out-of-pocket costs not paid by these primary insurers. Include supplemental insurance through your spouse that covers you.)

- 1 ☐ Yes
2 ☐ No ⇒ Go to Question 46
3 ☐ Not sure ⇒ Go to Question 47

H98044

H98044_R See Note 18

45. What supplemental insurance are you currently covered by? MARK ALL THAT APPLY.

- 1=Marked 2=Unmarked
- A ☐ CHAMPUS Supplemental Insurance.
(This is medical insurance you usually get through military or retiree associations.)
- B ☐ Medicare supplemental (Medigap) insurance
- C ☐ Other supplemental insurance that covers some or all of your out-of-pocket costs not paid by your primary insurer
- D ☐ None

H98045A - H98045D

H98045AR - H98045DR

46. Has TRICARE had any effect on your decision whether or not to be covered by CHAMPUS supplemental insurance or Medicare supplemental insurance?

- 1 ☐ No, TRICARE has had no effect on my decision whether or not to be covered by supplemental insurance.
- 2 ☐ Yes, I have added supplemental insurance because of TRICARE.
- 3 ☐ Yes, I have dropped supplemental insurance because of TRICARE.

H98046

H98046_R

47. Besides any TRICARE or supplemental plans discussed above, what other insurance or managed care plans are you currently covered by? MARK ALL THAT APPLY.

(Include insurance through your spouse that covers you.)

1=Marked 2=Unmarked

- A ☐ A civilian fee-for-service insurance
- B ☐ A civilian Health Maintenance Organization (HMO)
- C ☐ A civilian preferred provider organization (PPO) or point of service (POS) plan.
- (Under a PPO you may use any health care provider you wish, although you may get better benefits and/or lower out-of-pocket costs if you use a preferred provider. Under a POS plan, you may use an HMO for comprehensive benefits at a low cost or any other health care provider you choose for limited benefits at a higher cost.)
- D ☐ Medicare, Part A
- E ☐ Medicare, Part B
- F ☐ Federal Employees Health Benefits Program (FEHBP)
- G ☐ None

48. Has TRICARE had any effect on your decision whether or not to be covered by private insurance or to join a private HMO or PPO?

(Please do not include Medicare Part B, CHAMPUS supplemental insurance, or Medicare supplemental insurance.)

- 1 ☐ No, TRICARE has had no effect on my decision whether or not to be covered by a private medical insurance or join an HMO or PPO.
- 2 ☐ Yes, I have added private insurance coverage because of TRICARE.
- 3 ☐ Yes, I have dropped private insurance coverage because of TRICARE.

H98048

USE NO. 2 PENCIL ONLY

49. In the last 12 months, how much "out-of-pocket" money did you and your family members who were eligible for your military medical benefits spend on medical care, including premiums, enrollment fees, deductibles, co-insurance, and co-payments, that was not reimbursed by insurance?

(If you have family coverage, include expenditures for yourself and all covered family members. Include prescription medications, but do not include over-the-counter medications. If you do not know the exact amount, estimate the amount.)

☐ No expenses

\$ per year

H98049A

(Round to the nearest whole dollar)

1=Marked
2=Unmarked

	0	1	2	3	4	5	6	7	8	9
0										
1										
2										
3										
4										
5										
6										
7										
8										
9										

0 0 ← Write the number in the boxes.

← Then, mark the matching circle below each box.

H98049B

H98049AR and H98049BR See Note 19

V: Satisfaction with Health Plan

The questions in this section ask about your experience with your primary health plan. Your primary health plan is the one you used most in the last 12 months.

50. Which health care plan did you use most in the last 12 months? MARK ONLY ONE.

H98050

- 1 ☐ TRICARE Prime
- 2 ☐ TRICARE Senior Prime
- 3 ☐ TRICARE Standard/Extra (CHAMPUS)
- 4 ☐ Medicare Part A and/or Part B
- 5 ☐ Other civilian health insurance or civilian HMO

51. Do you have one person you think of as your personal doctor or nurse?

H98051

(A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant. For members of TRICARE Prime, this is your Primary Care Manager (PCM).)

- 1 ☐ Yes
- 2 ☐ No ⇒ Go to Question 53

H98051_R See Note 20

52. We want to know your rating of your personal doctor or nurse. How would you rate your personal doctor or nurse now?

(Use any number on a scale from 0 to 10 where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible.)

- ☐ 0 WORST PERSONAL DOCTOR OR NURSE POSSIBLE
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 BEST PERSONAL DOCTOR OR NURSE POSSIBLE

-6 ☐ I don't have a personal doctor or nurse.

H98052

H98052_R

53. In the last 12 months, did you or a doctor think you needed to see a specialist?

H98053

(Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. A referral is approval or permission to see a specialist.)

- 1 ☐ Yes
- 2 ☐ No ⇒ Go to Question 55

H98053_R See Note 21

54. In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?

H98054

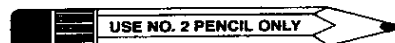
- 1 ☐ A big problem
- 2 ☐ A small problem
- 3 ☐ Not a problem
- 4 ☐ I didn't need to see a specialist in the last 12 months.

55. In the last 12 months, did you see a specialist?

H98055

- 1 ☐ Yes
- 2 ☐ No ⇒ Go to Question 57

H98055_R See Note 22



56. We want to know your rating of the specialist you saw most often in the last 12 months, including a personal doctor if he or she was a specialist. How would you rate your specialist?

(Use any number on a scale from 0 to 10 where 0 is the worst specialist possible and 10 is the best specialist possible.)

☐ 0 WORST SPECIALIST POSSIBLE

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 BEST SPECIALIST POSSIBLE

-6 ☐ I had no specialist care in the last 12 months.

57. In the last 12 months, did you need any mental health treatment or counseling for a personal or family problem?

1 ☐ Yes

2 ☐ No ⇒ Go to Question 59

H98057_R See Note 23

58. In the last 12 months, how much of a problem did you have getting mental health treatment or counseling from your plan?

1 ☐ A big problem

2 ☐ A small problem

3 ☐ Not a problem

4 ☐ Did not seek treatment or counseling

59. In the last 12 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?

1 ☐ A big problem

2 ☐ A small problem

3 ☐ Not a problem

4 ☐ I had no visits in the last 12 months.

60. In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?

1 ☐ A big problem

2 ☐ A small problem

3 ☐ Not a problem

4 ☐ I had no visits in the last 12 months.

61. In the last 12 months, did you or anyone else send in any claims to your health plan?

(Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you.)

1 ☐ Yes

2 ☐ No ⇒ Go to Question 65

3 ☐ Don't know ⇒ Go to Question 65

H98061_R See Note 24

62. How often did your health plan handle your claims in a reasonable time?

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

5 ☐ Don't know

-6 ☐ No claims were sent to the health plan in the last 12 months.

63. How often did your health plan handle your claims correctly?

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

5 ☐ Don't know

-6 ☐ No claims were sent to the health plan in the last 12 months.

64. In the last 12 months, before you went for care, how often did your health plan make it clear how much you would have to pay?

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

5 ☐ Don't know

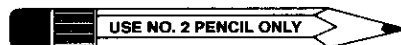
-6 ☐ No claims were sent to the health plan in the last 12 months.

65. In the last 12 months, did you look for any information in written materials from your health plan?

1 ☐ Yes

2 ☐ No ⇒ Go to Question 67

H98065_R See Note 25



66. In the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials?

- 1 ☐ A big problem
 2 ☐ A small problem
 3 ☐ Not a problem
 -6 ☐ I didn't look for information from my health plan in the last 12 months.

H98066

H98066_R

67. In the last 12 months, did you call your health plan's customer service to get information or help?

- 1 ☐ Yes
 2 ☐ No ⇒ Go to Question 69

H98067

H98067_R See Note 26

68. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?

- 1 ☐ A big problem
 2 ☐ A small problem
 3 ☐ Not a problem
 -6 ☐ I didn't call my health plan's customer service in the last 12 months.

H98068

H98068_R

69. Paperwork means things like having your records changed, processing forms, or other paperwork related to getting care.

a. In the last 12 months, did you have any experience with paperwork for your health plan?

- 1 ☐ Yes
 2 ☐ No ⇒ Go to Question 70

H98069A

H98069AR See Note 27

b. In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?

- 1 ☐ A big problem
 2 ☐ A small problem
 3 ☐ Not a problem
 -6 ☐ I didn't have any experiences with paperwork for my health plan in the last 12 months.

H98069B

H98069BR See Note 27

70. Have you called or written your plan with a complaint or problem?

- 1 ☐ Yes
 2 ☐ No ⇒ Go to Question 73

H98070

H98070_R See Note 28

71. Was your complaint or problem settled to your satisfaction?

- 1 ☐ Yes
 2 ☐ No
 3 ☐ I am still waiting for it to be settled.
 -6 ☐ I didn't have any complaint or problem.

H98071

72. How long did it take for the health plan to resolve your complaint?

- 1 ☐ Same day
 2 ☐ 1 week
 3 ☐ 2 weeks
 4 ☐ 3 weeks
 5 ☐ 4 or more weeks
 6 ☐ I am still waiting for it to be resolved.
 -6 ☐ I didn't have any complaint or problem.

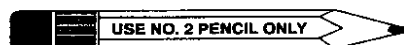
H98072

73. We want to know your rating of all your experience with your health plan. How would you rate your health plan now?

(Use any number on a scale from 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible.)

- ☐ 0 WORST HEALTH PLAN POSSIBLE
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 BEST HEALTH PLAN POSSIBLE

H98073



VI: Access to Health Care

74. In the last 12 months, what type of facility did you go to most often for health care, or advice on health care? MARK ONLY ONE ANSWER.

(Refer to this facility throughout the remainder of this section.)

- 1 ☐ A military facility – This includes:
Military clinic
Military hospital (including sick call)
PRIMUS clinic
NAVCARE clinic
- 2 ☐ A civilian facility – This includes:
Doctor's office
Clinic
Hospital
Civilian TRICARE contractor
Uniformed Services Treatment Facility (USTF)
Veteran's Affairs (VA) clinic or hospital

H98074

- 3 ☐ I went to neither type of health care facility in the last 12 months. ⇒ Go to Section IX

H98074_R See Note 29

75. In the last 12 months, how often did you or a family member have to make 3 or more phone calls to make an appointment with a health care professional?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
5 ☐ I did not try to make any appointments in the last 12 months.

H98075

76. In the last 12 months, did you have any:

a. well patient visits, such as a physical?

- 1 ☐ Yes
2 ☐ No

H98076A

b. referrals to specialty care?

- 1 ☐ Yes
2 ☐ No

H98076B

77. How many weeks did you usually have to wait between the time you made an appointment for care and the day you actually saw the provider:

a. for a well patient visit, such as a physical?

- 1 ☐ 2 weeks or less
2 ☐ More than 2 weeks but less than 4 weeks
3 ☐ 4 or more weeks
4 ☐ I didn't need to get this type of care in the last 12 months.

H98077A

b. for a specialty referral, such as a cardiologist visit?

H98077B

- 1 ☐ 2 weeks or less
2 ☐ More than 2 weeks but less than 4 weeks
3 ☐ 4 or more weeks
4 ☐ I didn't need to get this type of care in the last 12 months.

78. In the last 12 months, did you have any routine visits for a minor illness or injury, such as a cold or sore throat?

H98078

- 1 ☐ Yes
2 ☐ No ⇒ Go to Question 80

H98078_R See Note 30

79. How many days did you usually have to wait between the time you made an appointment for care and the day you actually saw the provider for a routine visit for a minor illness or injury, such as a cold or sore throat?

H98079

- 1 ☐ Same day
2 ☐ 1 day
3 ☐ 2 - 3 days
4 ☐ 4 - 7 days
5 ☐ 8 - 14 days
6 ☐ 15 - 30 days
7 ☐ 31 days or longer
-6 ☐ I didn't need to get this type of care in the last 12 months.

H98079_R

80. In the last 12 months, did you have any urgent care visits for an acute injury or illness, such as a broken arm or shortness of breath?

H98080

- 1 ☐ Yes
2 ☐ No ⇒ Go to Question 82

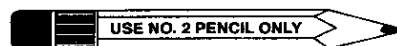
H98080_R See Note 31

81. How many days did you usually have to wait between the time you made an appointment for care and the day you actually saw the provider for an urgent care visit for an acute injury or illness, such as a broken arm or shortness of breath?

H98081

- 1 ☐ Same day
2 ☐ 1 day
3 ☐ 2 or more days
-6 ☐ I didn't need to get urgent care right away for an illness or injury in the last 12 months.

H98081_R



82. How often did it take you more than 30 minutes to travel to the facility where you visit your primary care manager?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 5 ☐ I had no visits in the last 12 months.

H98082

83. In the last 12 months, how often did you wait in the doctor's office or clinic more than 30 minutes past your appointment time for routine care?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 5 ☐ I had no visits in the last 12 months.

H98083

VII: Satisfaction with Health Care – Part 1

This section asks about your experience with the health care you received at the facility you used most in the last 12 months. This is the same facility you were thinking of in the previous section, Section VI.

84. In the last 12 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?

- 1 ☐ Yes
- 2 ☐ No ⇒ Go to Question 86

H98084

H98084_R See Note 32

85. When you called during regular office hours, how often did you get the help or advice you needed?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 6 ☐ I didn't call for help or advice during regular office hours in the last 12 months.

H98085

H98085_R

86. In the last 12 months, did you have an illness or injury where you needed to see a doctor or other health provider right away?

(A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.)

- 1 ☐ Yes
- 2 ☐ No ⇒ Go to Question 88

H98086

H98086_R See Note 33

87. When you needed to see a doctor or other health provider for an illness or injury right away, how often did you get care as soon as you wanted?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 6 ☐ I didn't need to get care right away for an illness or injury in the last 12 months.

H98087

H98087_R

88. In the last 12 months, did you make any appointments with a doctor or other health provider for regular or routine health care?

- 1 ☐ Yes
- 2 ☐ No ⇒ Go to Question 90

H98088

H98088_R See Note 34

89. In the last 12 months, how often did you get an appointment for regular or routine health care as soon as you wanted?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 6 ☐ I didn't need an appointment for regular or routine care in the last 12 months.

H98089

H98089_R

90. How often did office staff at a doctor's office or clinic treat you with courtesy and respect?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 5 ☐ I had no visits in the last 12 months.

H98090

91. How often was office staff at a doctor's office or clinic as helpful as you thought they should be?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 5 ☐ I had no visits in the last 12 months.

H98091

92. How often did doctors or other health providers listen carefully to you?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 5 ☐ I had no visits in the last 12 months.

H98092

93. How often did doctors or other health providers explain things in a way you could understand?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 5 ☐ I had no visits in the last 12 months.

H98093

94. How often did doctors or other health providers show respect for what you had to say?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 5 ☐ I had no visits in the last 12 months.

H98094

95. How often did doctors or other health providers spend enough time with you?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 5 ☐ I had no visits in the last 12 months.

H98095

96. We want to know your rating of all your health care from the facility you used most in the last 12 months. How would you rate all your health care?

(Use any number on a scale from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible.)

- ☐ 0 WORST HEALTH CARE POSSIBLE
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 BEST HEALTH CARE POSSIBLE

H98096

-6 ☐ I had no visits in the last 12 months.

VIII: Satisfaction with Health Care – Part 2

This section asks about your experience with the health care that you received at military facilities, even if you used civilian facilities for most of your care in the last 12 months. It also asks about your experience with the health care that you received at civilian facilities, even if you used military facilities for most of your care in the last 12 months. Some of the questions in this section may ask for information that is similar to the information you provided in Section VII.

97. Did you receive any health care from a military facility or provider in the past 12 months?

- 1 ☐ Yes
- 2 ☐ No ⇒ Go to Question 101

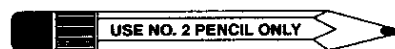
H98097

H98097_R See Note 35

98. How long did you usually wait between the day you made an appointment for care and the day you actually saw a military provider for minor illness or injury, like treatment for a sore throat?

- 1 ☐ Same day
- 2 ☐ 1 - 3 days
- 3 ☐ 4 - 7 days
- 4 ☐ 8 - 14 days
- 5 ☐ 15 - 30 days
- 6 ☐ 31 - 60 days
- 7 ☐ More than 60 days
- 6 ☐ Does not apply

H98098



99. How much do you agree or disagree with the following statements about the health care you received at military facilities in the last 12 months?

H98099A-H98099B

- a. I am satisfied with the health care that I received at military facilities.
- b. I would recommend military health care to my family or friends who need care.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

100. Please rate the following aspects of the health care you received at military facilities in the past 12 months.
(IF THE QUESTION DOES NOT APPLY TO YOU, MARK NOT APPLICABLE.)

	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5	Not Applicable -6
H98100A - H98100S						
a. Convenience of location of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Convenience of hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Access to health care whenever you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Access to a specialist if you need one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Access to hospital care if you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Access to medical care in an emergency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Ease of making appointments for health care by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Length of time you wait at office to see the provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Length of time you wait between making an appointment for routine care and the day of your visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Availability of health care information or advice by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Services available for getting prescriptions filled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Thoroughness of examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Ability to diagnose my health care problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Skill of health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Thoroughness of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. The outcomes of your health care (how much you are helped)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Overall quality of health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Provider's explanation of health care procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Provider's explanation of medical tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

101. Did you receive any health care from a civilian facility or provider in the past 12 months?

- 1 ☐ Yes
2 ☐ No ⇒ Go to Section IX

H98101

H98101_R See Note 36

102. How long did you usually wait between the day you made an appointment for care and the day you actually saw a civilian provider for minor illness or injury, like treatment for a sore throat?

- 1 ☐ Same day
2 ☐ 1 - 3 days
3 ☐ 4 - 7 days
4 ☐ 8 - 14 days
5 ☐ 15 - 30 days
6 ☐ 31 - 60 days
7 ☐ More than 60 days
-6 ☐ Does not apply

H98102

103. How much do you agree or disagree with the following statements about the health care you received at civilian facilities in the last 12 months?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I am satisfied with the health care that I received at civilian facilities.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
H98103A					
b. I would recommend civilian health care to my family or friends who need care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H98103B					

104. Please rate the following aspects of the health care you received at civilian facilities in the past 12 months. (IF THE QUESTION DOES NOT APPLY TO YOU, MARK NOT APPLICABLE.)

	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5	Not Applicable -6
a. Convenience of location of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Convenience of hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Access to health care whenever you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Access to a specialist if you need one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Access to hospital care if you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Access to medical care in an emergency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Ease of making appointments for health care by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Length of time you wait at office to see the provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Length of time you wait between making an appointment for routine care and the day of your visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Availability of health care information or advice by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Services available for getting prescriptions filled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Thoroughness of examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Ability to diagnose my health care problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Skill of health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Thoroughness of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. The outcomes of your health care (how much you are helped)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Overall quality of health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Provider's explanation of health care procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Provider's explanation of medical tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IX: Your Health

105. In general, would you say your health is:

- 5 ☐ Excellent
- 4 ☐ Very good
- 3 ☐ Good
- 2 ☐ Fair
- 1 ☐ Poor

H98105

106. The following questions are about activities you might do during a typical day. Does *your health now limit you* in these activities? If so, how much?

a. *Moderate activities*, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

- 3 ☐ Yes, limited a lot
- 2 ☐ Yes, limited a little
- 1 ☐ No, not limited at all

H98106A

b. Climbing *several* flights of stairs

- 3 ☐ Yes, limited a lot
- 2 ☐ Yes, limited a little
- 1 ☐ No, not limited at all

H98106B

107. During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities *as a result of your physical health*?

a. *Accomplished less* than you would like

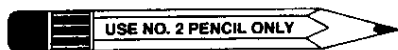
- 1 ☐ Yes
- 2 ☐ No

H98107A

b. Were limited in the *kind* of work or other activities

- 1 ☐ Yes
- 2 ☐ No

H98107B



108. During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities *as a result of any emotional problems* (such as feeling depressed or anxious)?

a. *Accomplished less* than you would like

- 1 ☐ Yes
- 2 ☐ No

H98108A

b. Did not do work or other activities as *carefully* as usual

- 1 ☐ Yes
- 2 ☐ No

H98108B

109. During the *past 4 weeks*, how much did *pain* interfere with your normal work (including work both outside the home and housework)?

- 1 ☐ Not at all
- 2 ☐ A little bit
- 3 ☐ Moderately
- 4 ☐ Quite a bit
- 5 ☐ Extremely

H98109

110. These questions are about how you feel and how things have been with you during the *past 4 weeks*. For each question, please indicate the one answer that comes closer to the way you have been feeling. How much of the time during the *past 4 weeks*:

a. Have you felt calm and peaceful?

- 6 ☐ All of the time
- 5 ☐ Most of the time
- 4 ☐ A good bit of the time
- 3 ☐ Some of the time
- 2 ☐ A little of the time
- 1 ☐ None of the time

H98110A

b. Have you had a lot of energy?

- 6 ☐ All of the time
- 5 ☐ Most of the time
- 4 ☐ A good bit of the time
- 3 ☐ Some of the time
- 2 ☐ A little of the time
- 1 ☐ None of the time

H98110B

110. continued:

c. Have you felt downhearted and blue?

- 6 ☐ All of the time
- 5 ☐ Most of the time
- 4 ☐ A good bit of the time
- 3 ☐ Some of the time
- 2 ☐ A little of the time
- 1 ☐ None of the time

H98110C

111. During the past 4 weeks, how much of the time have your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- 6 ☐ All of the time
- 5 ☐ Most of the time
- 4 ☐ A good bit of the time
- 3 ☐ Some of the time
- 2 ☐ A little of the time
- 1 ☐ None of the time

H98111

112. During the last 12 months, how many days did you miss from work (including work at home and childcare responsibilities) due to your own illness or injury?

(If more than 99 days, mark "99")

Days	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

← Write the number in the boxes.

← Then, mark the matching circle below each box.

H98112



X: Facts about You

Information in this section will be used to study how different kinds of people view our health care system. This information will not be used to identify you personally.

113. What was your family's total income in 1997 before taxes?

(Include wages before taxes, dividends, interest, social security, pensions, alimony, net business or farm income, and any other money income received by members of the family who are 15 years of age or older.)

- 1 ☐ Less than \$20,000
- 2 ☐ \$20,000 to \$39,999
- 3 ☐ \$40,000 to \$59,999
- 4 ☐ \$60,000 to \$79,999
- 5 ☐ \$80,000 and over

H98113

114. Which of the following best describes your current marital status?

- 5 ☐ Never married
- 4 ☐ Married
- 3 ☐ Separated
- 2 ☐ Divorced
- 1 ☐ Widowed

SRMARST

115. What is your current age?

SRAGE

Years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

← Write the number in the boxes.

← Then, mark the matching circle below each box.

SRAGE_R See Note 2

116. What is the highest grade or level of school that you have completed?

- A ☐ 8th grade or less
- B ☐ Some high school, but did not graduate
- C ☐ High school graduate or GED
- D ☐ Some college or 2-year degree
- E ☐ 4-year college graduate
- F ☐ More than 4-year college degree

1=Marked 2=Unmarked

SREDA-SREDF

SREDHIGH See Note 3

117. What is your race or ethnic background?
MARK ALL THAT APPLY.

SRRACEA
SRRACEB
SRRACEC
SRRACED
SRRACEE
SRRACEF

- 1=Marked 2=Unmarked
- ☐ American Indian or Alaska Native
 - ☐ Asian
 - ☐ Black or African American
 - ☐ Hispanic or Latino
 - ☐ Native Hawaiian or other Pacific Islander
 - ☐ White

118. a. Are you on active duty?

H98118A

- 1 ☐ Yes ⇒ Go to Question 118b
2 ☐ No ⇒ Go to Question 119

H98118AR See Note 37

b. Are you currently involved in an operational deployment, including sea duty, or in a duty position that might require you to deploy quickly, such as a mobilization assignment, mobility status, sea duty, or an operational tour?

- 1 ☐ Yes
2 ☐ No

H98118B

119. Are you the person this questionnaire is addressed to?

- 1 ☐ Yes
2 ☐ No

H98119

120. On what date did you complete this questionnaire?

Month	Day	Year
<input type="radio"/> January		
<input type="radio"/> February		
<input type="radio"/> March	6 6	
<input type="radio"/> April	1 1	
<input type="radio"/> May	2 2	
<input type="radio"/> June	3 3	
<input type="radio"/> July	4	
<input type="radio"/> August	5	
<input type="radio"/> September	6	
<input type="radio"/> October	7	
<input type="radio"/> November	8	8
<input type="radio"/> December	9 9	9

SRMO

SRDAY

SRYEAR

SRDATE See Note 1

THANK YOU FOR COMPLETING THIS SURVEY!

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